

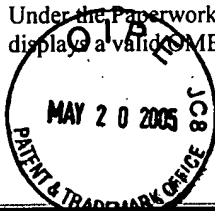
COPY

PTO-2038 (02-2003)

Approved for use through 02/28/2006. OMB 0651-0043

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United States Patent and Trademark Office

Credit Card Payment Form

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NO Fee

Credit Card Information

Credit Card Type: ☐ Visa ☐ MasterCard ☒ American Express ☐ Discover

Credit Card Account #: 58

Credit Card Expiration Date: 6/07

Name as it Appears on Credit Card: PAUL MCCLURE XIDEX CORPORATION

Payment Amount: \$ (US Dollars):

NEW Credit Card Request
ANY ADDITIONAL FEES OR UNUSUAL CHARGES

Cardholder Signature: Paul McClure

Date: 5/18/05

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR § 1.21 (m)).

Credit Card Billing Address

Street Address 1: XIDEX CORPORATION

Street Address 2: 8906 WALL STREET, SUITE 105

City: AUSTIN

State/Province: TX

Zip/Postal Code: 78754

Country: USA

Daytime Phone #: 512-339-0608

Fax #: 512-339-9497

Request and Payment Information

Description of Request and Payment Information:

Underpayment of Fees associated with Amendment filed May 18, 2005

| <input checked="" type="checkbox"/> Patent Fee | <input type="checkbox"/> Patent Maintenance Fee | <input type="checkbox"/> Trademark Fee | <input type="checkbox"/> Other Fee |
|--|---|--|------------------------------------|
| Application No. 09/779,374 | Application No. | Application No. | IDON Customer No. |
| Patent No. | Patent No. | Registration No. | |
| Attorney Docket No. 1020-16141-CIP | | Identify or Describe Mark | |

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